

**SONOMA COUNTY
ASSESSMENT APPEALS BOARD**

AGENT AUTHORIZATION

*(An agent must have authorization at the time the application is filed;
retroactive authorizations are not permitted)*

ALL BLANKS MUST BE FILLED IN

The agent named below is hereby authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application, on assessments or property, owned by the applicant, listed below, on the attached sheet or located within **Sonoma County** in the calendar year of _____ *(Calendar year is from January 1 through December 31. A new authorization must be completed each year.)*

AGENCY AGENT'S NAME

AGENT'S ADDRESS AGENT'S PHONE NUMBER

PROPERTY OWNER NAME

PROPERTY NAME/ADDRESS

PARCEL NUMBER(S)

AUTHORIZING APPLICANT/EMPLOYEE:

(If the applicant is a corporation, limited partnership or limited liability company, an officer or authorized employee of the business entity must sign the authorization.)

Signature of Applicant/Employee Date

Printed Name and Title (owner, President, etc.) Applicant's Phone Number

Applicant's Address

.....

AGENT'S CERTIFICATION:

I certify that a copy of the completed application for changed assessment attached to this authorization has been forwarded to the applicant named in this application. If a copy of this form is being submitted, I will produce the original form with original signatures upon request. Failure to do so may result in the requested action being denied. While we have delegated the above authority, we accept full responsibility for any and all actions within the scope of the agent's authority.

(Agency Name) (Name of Agent)

(Signature of Agent) (Date Signed)

AGENT AUTHORIZATION FORM REQUIREMENTS

PRESCRIBED IN PROPERTY TAX RULES

Rule 305(a)

Each attached authorization form must contain ALL information shown below.

1. Date the authorization was executed.
2. A statement that the agent is authorized to sign and file applications in the specific calendar year.
3. Specific parcels or assessments covered or a statement covering all parcels in Sonoma County.
4. Name, address and telephone number of the specific agent who is authorized.
5. Applicant's signature and title.
6. Statement that the agent will provide the applicant with a copy of the application.
7. Application shows that the authorization is attached. Must have authorization at the time the application is filed, retroactive authorizations are not permitted.
8. If applicant is a corporation, limited partnership or a limited liability company, the agent authorization must be signed by an officer or authorized employee of the business entity.